

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, February 24, 2012 at the hour of 7:30 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Batts called the meeting to order.

Present: Chairman Warren L. Batts, Vice Chairman Jorge Ramirez and Directors David A. Ansell, MPH; Hon. Jerry Butler; David Carvalho; Quin R. Golden; Benn Greenspan, PhD, MPH, FACHE; Sister Sheila Lyne, RSM; and Luis Muñoz, MD, MPH (9)

Absent: Directors Heather E. O'Donnell, JD, LLM and Ruth M. Rothstein (2)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

Cathy Bodnar – System Chief Compliance Officer

John Cookinham – System Interim Chief Financial Officer

Patrick T. Driscoll, Jr. – State's Attorney's Office

Claudia Fegan, MD – John H. Stroger, Jr. Hospital of Cook County

Helen Haynes – System Associate General Counsel

Bala Hota, MD – System Chief Medical Information Officer

Marisa Kollias – System Interim Director of Public Relations

Gladys Lopez - System Interim Director of Human Resources

Sandra Martell, RN, MS, DNP – Cook County Department of Public Health

Terry Mason, MD – System Chief Medical Officer

Lisa Meador – Interim Deputy Chief of Labor Relations and Special Assistant for Legal Affairs, Office of the Cook County Board President

Maureen O'Donnell – System Interim Chief Human Resource Officer and Chief, Cook County Bureau of Human Resources

Stathis Poulakidas, MD – John H. Stroger, Jr. Hospital of Cook County

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Elizabeth Reidy – System General Counsel

Marsha Ross-Jackson – System Director of Labor

Deborah Santana – Secretary to the Board

Carol Schneider – System Chief Operating Officer

Sherrie Travis – Office of the Cook County Compliance Administrator

II. Public Speakers

Chairman Batts asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, January 27, 2012

Director Munoz, seconded by Director Lyne, moved the approval of the minutes of the Board of Directors Meeting of January 27, 2012. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

B. Minutes of the Human Resources Committee Meeting, February 17, 2012

It was noted that on February 17th, the Human Resources Committee received information but did not take action on any items, due to a lack of a quorum.

Gladys Lopez, System Interim Director of Human Resources, provided an overview of the information that was presented at the meeting; this included information on the following subjects: Human Resources Staffing; First 30 Days – Issues Identified; Hot Items – Clinical Staff and Displacement; and 2011 Students at Work (SAW) Program Update.

During the review of the information, Director Ansell stated that, at the Quality and Patient Safety Committee Meeting on February 21st, he requested that a dashboard be prepared with information relating to nurse staffing levels. He stated that it would also be beneficial to receive a Board dashboard; this would allow the Directors to periodically review measures, such as those relating to nurse staffing levels and other Human Resources activities. Maureen O'Donnell, System Interim Chief Human Resource Officer and Chief of the Cook County Bureau of Human Resources, stated that meetings are currently being held with Barbara Farrell, System Director of Quality and Patient Safety, to specifically talk through the performance metrics of Human Resources; one of those metrics specifically addresses nursing – in terms of hires, postings and length of time. Ms. O'Donnell added that the big question that needs answers and movement is the question of how much time it takes to actually get a person hired, from the time of posting to the time the person is on-board.

Director Lyne, seconded by Director Butler, moved the approval of the minutes of the Human Resources Committee Meeting of February 17, 2012. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Finance Committee Meeting, February 17, 2012

It was noted that on February 17th, the Finance Committee received information but did not take action on any items, due to a lack of a quorum. The contractual requests were discussed by the Committee, and were placed directly on this Board Agenda, under Item IV(A).

The Board discussed the Contracts and Procurement Items. Dr. Bala Hota, System Chief Medical Information Officer, and Dr. Terry Mason, System Chief Medical Officer, provided additional information regarding request numbers 6 and 7 (requests to increase and amend the contracts with Siemens Medical Solutions and Cerner Corporation). Chairman Batts requested that a one-page summary be assembled for each request that provides specifics on what the System is trying to accomplish. Dr. Hota responded that he can provide this information. The following subjects relating to the two requests were discussed: funding available for Meaningful Use; International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10) conversion and implementation; and training. Dr. Hota noted that a gap analysis summary was provided on the Cerner Siemens Re-Engineering Project; this information is included as an attachment to the February 17, 2012 Finance Committee Meeting Minutes.

III. Board and Committee Reports

C. Minutes of the Finance Committee Meeting, February 17, 2012 (continued)

John Cookinham, System Interim Chief Financial Officer, reviewed the Revenue Cycle Report contained within the minutes. Director Carvalho highlighted information contained on the last page of the Report; he noted that the information reflects a \$40 million Medicaid retroactive rate adjustment, which is \$30 million higher than was anticipated. He stated that there is a negative variance in patient fee collection of \$14 million for Medicaid, \$2.6 million for Medicare and \$3.8 million in the “Other” category.

Director Carvalho asked if the reason for the declining Medicaid receipts was due to any of the following possible reasons: the System is seeing fewer Medicaid patients; the System is converting Medicaid patients less efficiently; there is a bottleneck in the System’s process of submitting claims; or there is a bottleneck in the State’s processing of claims. Director Carvalho stated that each of those possible reasons could lead to the end result of fewer Medicaid dollars.

Dr. Ram Raju, Chief Executive Officer, responded that the answer to Director Carvalho’s question is “all of the above.” He stated that data related to this issue is reviewed on a regular basis. Some of those issues are clearly on the System’s side; he noted that the System needs to do a better job to resolve those issues. Some of the issues reside with the System’s vendor, who edits the claims and submits them to Medicaid; there is a holdup on that end. The claims then reach the Medicaid offices; he noted that there is a real variation in the way the claims are getting paid, which makes the cash flow situation very difficult. He referenced a recent meeting held with other Chief Executive Officers of local safety net hospitals; at that meeting, one of the concerns expressed was the fact that Medicaid is not paying claims in an expeditious manner. With regard to the issue of the pending Medicaid applications at the State, Dr. Raju stated that the System continues to have a large number of pending applications. Meetings are held regularly with the various entities involved; however, there continues to be a backlog with the processing of the applications. He noted that management has made a strategic decision to prioritize the applications; mostly inpatient applications and those outpatient applications for high-end ambulatory services are being sent at this time.

Director Carvalho noted that enrollment in Medicaid is at historically high levels. He inquired whether the change in payer mix was attributable to the System seeing more uninsured patients or because the System is seeing fewer Medicaid patients. Dr. Raju stated that the System’s uninsured patients consist of the following three groups: undocumented immigrants; people who are under-insured; and people who are employed but who are either not provided insurance by their employer, or they cannot afford to pay the co-pays under their employer-provided insurance. Dr. Raju indicated that he can provide an analysis of this information. He noted that, if the number of uninsured patients increases in the System, they crowd out the patients with Medicaid and other insurance, because those covered patients have an opportunity to go elsewhere. This crowding phenomena is not unique to the System; it is being seen across the nation.

Director Carvalho, seconded by Director Lyne, moved the approval of the minutes of the Finance Committee Meeting of February 17, 2012. THE MOTION CARRIED.

III. Board and Committee Reports (continued)

D. Minutes of the Quality and Patient Safety Committee Meeting, February 21, 2012

During the presentation of these minutes, Chairman Batts noted that the minutes include an update on the activities relating to Oak Forest Health Center's plans for the Immediate Care Center and specialty care operations. Dr. Claudia Fegan, Chief Medical Officer of John H. Stroger, Jr. Hospital of Cook County, reviewed this information, which included volume data for outpatient services. Director Ansell stated that it would be useful to see further information on the matter, including a review of the current status of activities and a projection of how the System will reach the goals. Additionally, Director Greenspan requested that this information include data regarding the locations from which referrals are being made.

Director Ansell, seconded by Director Greenspan, moved the approval of the minutes of the Quality and Patient Safety Committee Meeting of February 21, 2012.
THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Board's consideration. Some of the requests were discussed earlier in the meeting, during the consideration of Item III(C); they were also reviewed and discussed at the Finance Committee Meeting on February 17, 2012.

Dr. Sandra Martell, Interim Chief Operating Officer of the Cook County Department of Public Health, reviewed the information regarding request number 4.

Director Carvalho, seconded by Director Lyne, moved the approval of request numbers 1 through 7 under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

B. **Proposed Collective Bargaining Agreements with the following:****

- i. Fraternal Order of Police – John H. Stroger, Jr. Hospital Security Officers**
- ii. Fraternal Order of Police – Oak Forest Health Facilities Security Officers**
- iii. House Staff Association – post-graduate level physicians and chief residents**
- iv. Metropolitan Alliance of Police – John H. Stroger, Jr. Hospital Sergeants**
- v. Pharmacy Association Local 200 (RWDSU Local 200) – Pharmacists and pharmacy technicians**
- vi. Teamsters Local 700 – Oak Forest Health Facilities Sergeants/Investigators**
- vii. Teamsters 743 – Provident Hospital Employees**
- viii. National Nurses Organizing Committee – Registered Nurses**

Note: this item was considered following the adjournment of closed session.

IV. Action Items

B. **Proposed Collective Bargaining Agreements (continued)

Director Greenspan, seconded by Director Golden, moved the approval of the eight (8) proposed Collective Bargaining Agreements. THE MOTION CARRIED.

Vice Chairman Ramirez voted PRESENT.

C. Any items listed under Sections III, IV and VII

D. Proposed Resolution – in recognition of the 75th Anniversary of the establishment of the world's first hospital blood bank at Cook County Hospital by Dr. Bernard Fantus (Attachment #2)

Chairman Batts read the proposed Resolution into the record. It was noted that there was a typographical error on the proposed Resolution; this will be amended to reflect the accurate information.

Chairman Batts, seconded by Director Butler, moved the approval of the proposed Resolution, as amended. THE MOTION CARRIED UNANIMOUSLY.

V. Report from Chairman of the Board

Update on Cook County Health Foundation

Chairman Batts stated that a quorum of Foundation Directors is now in place. A proposal was received from an outside firm who helps organizations like the Foundation raise money; however, the price quoted was not something the members thought the Foundation could afford, so this subject remains to be addressed. The ad hoc committee will meet today, after this meeting, to determine the next steps. Chairman Batts indicated that further action and assistance, internally and externally, is needed to get the Foundation up and running. He stated that there is a possible opportunity to raise more money. He noted that, in New York City and Los Angeles County, they each only raise approximately \$1 million - \$1.5 million per year. In Atlanta, Georgia, which is much smaller than Cook County, their public hospital has been converted to a 501(c)(3) organization. The organization initially started with a contribution of \$200 million from one family; they are now running a capital campaign to raise another \$320 million, and it appears that they will be successful in their fundraising efforts.

A. Board Education –2011 Annual Report of the Stroger Burn Center (Attachment #3)

Dr. Stathis Poulakidas, Chairman of the Division of Burn Services at John H. Stroger, Jr. Hospital of Cook County, presented the 2011 Annual Report of the Stroger Burn Center. The Board reviewed and discussed the information.

B. Board Education - Orientation to Public Health Accreditation (Attachment #4)

Dr. Martell reviewed information included in a presentation regarding Orientation to Public Health Accreditation - Preparing the Cook County Department of Public Health for National Accreditation. The Board discussed the information.

VI. Report from Chief Executive Officer (Attachment #5)

Dr. Raju provided an update on the following subjects: FY2012 Budget; 1115 Waiver; Oak Forest Health Center; Public Health Update; Schwartz Rounds; and New Website.

Additionally, Dr. Raju introduced and thanked Dr. Benjamin Mba, for his successful efforts in organizing and being the driving force in the implementation of Stroger Hospital's Schwartz Center Rounds.

VII. Closed Session Items

A. **Proposed Collective Bargaining Agreements

(Listed under Item IV(B) - Eight (8) Proposed Agreements)

B. Stroger Hospital Medical Staff Credentialing Matter

C. Minutes of the Quality and Patient Safety Committee Meeting, February 21, 2012

(the Committee did not meet in closed session on February 21st)

D. Discussion of Personnel Matter

Director Butler, seconded by Director Carvalho, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(2), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body."

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Batts, Vice Chairman Ramirez and Directors Ansell, Butler, Carvalho, Golden, Greenspan, Lyne and Muñoz (9)

Nays: None (0)

Absent: Directors O'Donnell and Rothstein (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into closed session.

VII. Closed Session Items (continued)

Chairman Batts declared that the closed session was adjourned. The Board reconvened into regular session.

Note: the motion for the approval of the eight (8) proposed Collective Bargaining Agreements is listed on page 5, under Item IV(B).

Following the adjournment of closed session, Dr. Raju provided an update on activities relating to the Section 1115 Waiver. He stated that he just concluded the first phone call with representatives from the Centers for Medicare and Medicaid Services (CMS); he noted that the discussion went very well. He added that the Illinois Department of Healthcare and Family Services has been extremely helpful.

Dr. Raju stated that the Section 1115 Waiver requires the System to review the various functions that people perform to see how the job function can be improved; meetings are currently being held with the unions on the subject.

VIII. Adjourn

As the agenda was exhausted, Chairman Batts declared the MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Warren L. Batts, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 24, 2012

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM IV(A)
FEBRUARY 24, 2012 BOARD OF DIRECTORS MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Capital Program Item - Proposed Contract Addendum					
1	Jones Lang Lasalle Americas, Inc.	Service - real estate consulting services for the Adaptive Re-Use of the Cook County Hospital	\$40,000.00	System	2
Extend and Increase Grants					
2	City of Evanston, Health Department	Service - Lead abatement services	No fiscal impact (grant funded amount: \$80,000.00)	CCDPH	3
2	City of Chicago, Department of Health	Service - Lead abatement services	No fiscal impact (grant funded amount: \$620,000.00)	CCDPH	3
Amendment to Extend and Increase Grant					
3	AIDS Foundation of Chicago	Service - Ryan White Part B - Case Management Services	Grant increase amount: \$83,397.00	CHSCC	4
Accept Grant					
4	Chicago Community Trust	Service - Primary Care Assessment	Grant funding amount: \$125,000.00	CCDPH	5
Amend and Increase Contracts					
5	ACS Healthcare Solutions	Service - professional services in support of the Cerner PowerChart Ambulatory Project and Cermak Health Services Cerner Implementation Go-Live	\$2,358,792.63	System	6
6	Siemens Medical Solutions	Service - professional services in support of the Cerner to Siemens Optimization Project, ICD-10 consultation and testing, LRS conversion and an extension of the maintenance and support of the three legacy domains	\$2,276,411.00	System	8
7	Cerner Corporation	Service - professional services in support of the Cerner to Siemens Optimization and Cerner PowerChart Ambulatory projects; training services and Go-Live support	\$2,099,667.00	System	10

PROPOSED CONTRACT ADDENDUM

Transmitting a Communication, dated February 10, 2012 from HERMAN BREWER, Bureau Chief, Bureau of Economic Development

Requesting authorization for the Chief Procurement Officer to increase by \$40,000.00 and extend from May 5, 2012 through September 4, 2012, Contract No. 09-41-86 with Jones Lang Lasalle Americas, Inc., Chicago, Illinois for real estate consulting services for the Adaptive Re-Use of the Cook County Hospital. The current contract expires on May 4, 2012.

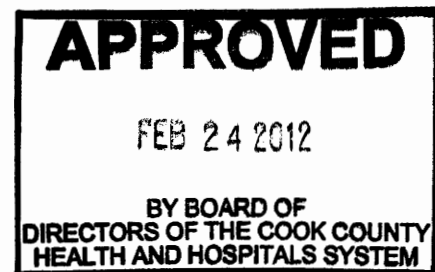
Board approved amount May 4, 2010:	\$ 138,133.00
Increase requested:	<u>\$40,000.00</u>
Adjusted amount:	\$178,133.00

Reason: This change needed to extend the original scope that provided for analysis and planning for the Adaptive Reuse of Old Cook County Hospital and surrounding land. Evaluate the availability and feasibility of all options for reuse and funding of the redevelopment and restoration of Old Cook County Hospital.

Estimated Fiscal Impact: \$40,000.00. Contract period: May 5, 2012 through September 4, 2012.

28000 Cook County Health and Hospitals

No lobbying contact was made for this item.



Request #
1

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: <i>Sandra Martell</i> Sandra Martell, R.N., D.N.P., Interim COO, CCDPH		EXECUTIVE SPONSOR: <i>Terry Mason</i> Terry Mason, M.D. System Chief Medical Officer	
DATE: 01/09/2012		PRODUCT / SERVICE: Service - Lead Abatement Services	
TYPE OF REQUEST: Extend and Increase Grant		VENDOR / SUPPLIER: City of Evanston, Health Department, Evanston, Illinois City of Chicago, Department of Health, Chicago, Illinois	
FISCAL IMPACT / ACCOUNT: 5440101		GRANT FUNDED AMOUNT: Special Fund – City of Evanston: \$80,000.00 City of Chicago: \$620,000.00	
CONTRACT PERIOD: 12/01/2011 thru 11/30/2012		CONTRACTS: 06-42-387 Evanston 06-42-388 City of Chicago	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

The Lead Poisoning Prevention Fund was adopted by the Cook County Board of Commissioners on November 21, 2000, Resolution #00R-611.

NEW PROPOSAL JUSTIFICATION:

The agencies listed above were selected through grant application proposals and met the criteria and eligibility requirements established by the LEAD Prevention Advisory Council (LPAC) and the Lead Poisoning Prevention Unit. This extension has been approved by the LEAD Prevention Advisory Council based upon the performance of these certified vendors to safely and expeditiously remove this deadly health hazard away from Cook County children who have been previously exposed to lead.

FINANCIAL BENEFIT: (Prior Cost versus New Cost)

Savings calculation: NA

Percent: N/A

TERMS OF REQUEST:

This is a request to extend and increase Contract #06-42-387 with the City of Evanston for a period of 12 months from 12/01/2011 thru 11/30/2012 in the amount of \$80,000.00. The second request is to extend and increase Contract #06-42-388 with the City of Chicago for a period of 12 months from 12/01/2011 thru 11/30/2012 in the amount of \$620,000.00.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: N/A

CCHHS COO: *Carol Schneider*

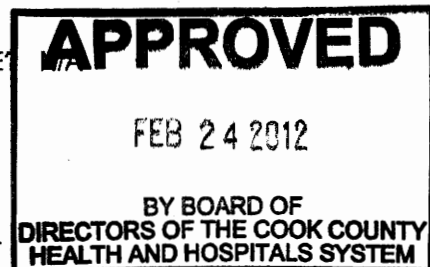
Carol Schneider, Chief Operating Officer

CCHHS CFO: *John Cookinham*

John Cookinham, Interim Chief Financial Officer

CCHHS CEO: *Ram Raju*

Ram Raju, Chief Executive Officer



Request #

2

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR:

Michael Puisis, D.O., Chief Operating Officer, Cermak
Carol Schneider, Chief Operating Officer

DATE:

01/05/2012

PRODUCT / SERVICE:

Grant – Ryan White Part B – Case Management Services

TYPE OF REQUEST:

Amendment to Extend and Increase
Grant

VENDOR / SUPPLIER:

AIDS Foundation of Chicago, Chicago, Illinois

FISCAL IMPACT / ACCOUNT:

240-658 Cermak Health Services

GRANT FUNDED AMOUNT:

\$83,397.00

CONTRACT PERIOD:

10/01/2011 thru 03/31/2012

CONTRACT #

N/A

COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO]

N/A

NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]

N/A

PRIOR CONTRACT HISTORY:

The Ryan White Part-B Case Management grant is renewed annually. Approval to renew the current six month contract was approved by the CCHHS Board on July 29, 2011.

NEW PROPOSAL JUSTIFICATION:

The grant provides two FTE Case Manager positions intended to assist individual's access services within the Illinois Department of Public Health HIV Case Management System. Due to limitations by the granting agency, the current grant was awarded only for a six month period. Funds are now available and we request approval to amend and extend the grant to a full 12 month period for a total grant award amount of \$167,343.00.

FINANCIAL BENEFIT

Savings calculation: NA

Percent: N/A

TERMS OF REQUEST:

This is a request to extend and increase Grant #240-658 for a period of 6 months from 10/01/2011 thru 03/31/2012, in the amount of \$83,397.00.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? N/A

APPROVED

FEB 24 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: N/A

CCHHS CFO:

John Cookinham, Interim Chief Financial Officer

CCHHS CEO:

Ram Raju, Chief Executive Officer

Request #

3

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BOARD APPROVAL REQUEST

SPONSOR: Sandra Martell, R.N., D.N.P., Interim COO, CCDPH		EXECUTIVE SPONSOR: Terry Mason, M.D. System Chief Medical Officer	
DATE: 01/05/2012		PRODUCT / SERVICE: Service - Primary Care Assessment	
TYPE OF REQUEST: Grant Contract Acceptance		VENDOR / SUPPLIER: Chicago Community Trust, Chicago, Illinois	
FISCAL IMPACT / ACCOUNT: 9361101		GRANT FUNDED AMOUNT: \$125,000.00	
CONTRACT PERIOD: 05/25/2010 thru 07/01/2013		CONTRACT # C2010-00802	
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO] N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] N/A			

PRIOR CONTRACT HISTORY:

There is no prior contract history.

NEW PROPOSAL JUSTIFICATION:

The Public Health/Chicago Community Trust Primary Care Grant provides funding for Cook County Department of Public Health to develop a county-wide system to assess and monitor primary health care safety net services. There is no deferred liability for this Grant Business Unit as there are no salaries or fringe benefits paid on this Business Unit.

FINANCIAL BENEFIT: (Prior Cost versus New Cost)

Savings calculation: NA

Percent: N/A

TERMS OF REQUEST:

This is a request to accept Grant Contract #C2010-00802 for a period of 37 months from 05/25/2010 thru 07/01/2013 in the amount of \$125,000.00.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? N/A

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: N/A

CCHHS COO:

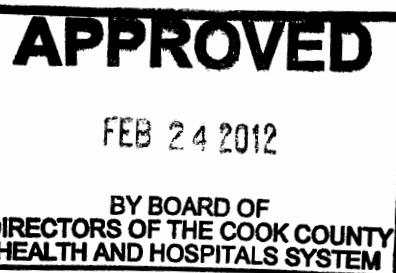
Carol Schneider, Chief Operating Officer

CCHHS CFO:

John Cookinham, Interim Chief Financial Officer

CCHHS CEO:

Ram Raju, Chief Executive Officer



Request #

4

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BOARD APPROVAL REQUEST

SPONSOR: Daniel J. Howard, Chief Information Officer, CCHHS Dr. Bala Hota, Chief Medical Information Officer, CCHHS	
DATE: 01/13/2012	PRODUCT / SERVICE: Service- Professional services in support of the Cerner PowerChart Ambulatory Project and Cermak Health Service Cerner Implementation Go-Live
TYPE OF REQUEST: Amend and Increase Contract	VENDOR / SUPPLIER: ACS Healthcare Solutions, Dearborn Michigan
FISCAL IMPACT: \$2,358,792.63	GRANT FUNDED AMOUNT: N/A
CONTRACT PERIOD: 04/01/2011 thru 03/31/2014	CONTRACT #: H11-25-014
<input checked="" type="checkbox"/> COMPETITIVE SELECTION METHODOLOGY: BID/RFP/GPO	
<input type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE]	

PRIOR CONTRACT HISTORY:

Contract H11-25-014 was approved by the Board on 02/24/2011 for the period of 04/01/2011 thru 03/31/2014 in the amount of \$19,392,043.00.

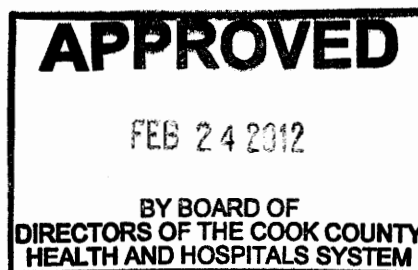
NEW PROPOSAL JUSTIFICATION:

Currently, the ACS IT staffing contract accommodates for 43 base positions of various in demand skill sets. As a result of the ever increasing demand on IT resources for several major initiatives, the department of Hospital Information Systems is requesting additional resources for the Cerner PowerChart Ambulatory project to backfill for IT base staff that will have to dedicate the majority of their time to the PowerChart Ambulatory project, as well as specific skills sets necessary for the PowerChart Ambulatory project. Also included in this request is the training, education and Go-Live support associated with the PowerChart 2012 implementation and adoption of the Cerner system.

Cerner PowerChart Ambulatory	\$ 1,846,000.00
Cermak Health Cerner	
Go- Live Support and Training	\$ 512,792.63
Total Cost	\$ 2,358,792.63

FINANCIAL BENEFIT: (Prior Cost versus New Cost)

Savings Calculation: N/A
Percent: N/A



TERMS OF REQUEST:

This is a request to amend and increase contract H11-25-014 from 04/01/2011 thru 03/31/2014 in the amount of \$2,358,792.63.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS: N/A
CONTRACT COMPLIANCE MEMO: Pending

Request #
5

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CORE Center •

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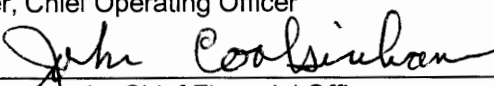
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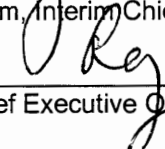
PRODUCT / SERVICE:
Service- Professional services in support of the Cerner PowerChart Ambulatory Project and Cermak Health Service Cerner Implementation Go-Live

TYPE OF REQUEST:
Amend and Increase Contract

VENDOR / SUPPLIER:
ACS Healthcare Solutions, Dearborn Michigan

CCHHS COO: 
Carol Schneider, Chief Operating Officer

CCHHS CFO: 
John Cookinham, Interim Chief Financial Officer

CCHHS CEO: 
Ram Raju, Chief Executive Officer

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Daniel J. Howard, Chief Information Officer, CCHHS John Cookinham, Interim Chief Financial Officer, CCHHS	
DATE: 01/13/2012	PRODUCT / SERVICE: Service - Professional Services in support of the Cerner to Siemens Optimization Project, ICD-10 consultation and testing, LRS conversion and an extension of the maintenance and support of the 3 legacy domains.
TYPE OF REQUEST: Amend and Increase Contract	VENDOR / SUPPLIER: Siemens Medical Solutions, Malvern, Pennsylvania
FISCAL IMPACT / ACCOUNT: \$2,276,411.00	GRANT FUNDED AMOUNT: N/A
CONTRACT PERIOD: 01/10/2009 thru 9/30/2013	CONTRACT # 06-41-274
COMPETITIVE SELECTION METHODOLOGY: [BID / RFP / GPO]	
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] SINGLE FEASIBLE PROVIDER	
PRIOR CONTRACT HISTORY: Contract #06-41-274 was approved by the Board on 12/18/2008 for the period 01/10/2009 thru 01/09/2012 in the amount of \$7,402,752.00. The contract was increased and extended by the Board on 02/24/2011 for the period 01/10/2009 thru 09/30/2013 in the amount of \$4,312,319.00. Administration amended and extended the existing contract to implement consolidation and migration to the new release, including user licenses for support of the newly implemented Decision Support System; EDM, a financial scanning system; Echo Loader, a data warehouse for file processing, and Denial Management, financial claim software. Also included in the amendment was Patient Friendly Statements, because the baseline increased from 70,000 to 85,000 based on a rolling 12 month average. There was no increase in current HDX rates.	
NEW PROPOSAL JUSTIFICATION: This is a request for the resources to support the Cerner to Siemens Optimization project, as well as professional services to support the conversion to LRS and ICD-10 consulting and testing. Additionally, funds are included for the support and maintenance of the 3 legacy domains to be extended through June, 2012 at the request of the Interim Chief Financial Officer.	
FINANCIAL BENEFIT: (Prior Cost versus New Cost) Savings Calculation: NA Percent: N/A	
TERMS OF REQUEST: This is request to amend and increase contract #06-41-274 from 01/10/2009 thru 9/30/2013 in the amount of \$2,276,411.00.	
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE? Pending	
ATTACHMENTS BID TABULATIONS CONTRACT COMPLIANCE MEMO: Pending	

APPROVED

FEB 24 2012

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
6

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein
CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

DATE:

01/13/2012

PRODUCT / SERVICE:

Service - Professional Services in support of the Cerner to Siemens Optimization Project, ICD-10 consultation and testing, LRS conversion and an extension of the maintenance and support of the 3 legacy domains.

TYPE OF REQUEST:

Amend and Increase

VENDOR / SUPPLIER:

Siemens Medical Solutions, Malvern, Pennsylvania

CCHHS COO: 

Carol Schneider, Chief Operating Officer

CCHHS CFO: 

John Cookinham, Interim Chief Financial Officer

CCHHS CEO: 

Ram Raju, Chief Executive Officer

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Daniel J. Howard, Chief Information Officer, CCHHS Dr. Bala Hota, Chief Medical Information Officer, CCHHS	
DATE: 01/13/2012	PRODUCT / SERVICE: Service- Professional services in support of the Cerner to Siemens Optimization and Cerner PowerChart Ambulatory projects; training services and Go-Live support
TYPE OF REQUEST: Amend and Increase Contract	VENDOR / SUPPLIER: Cerner Corporation, Kansas City, MO
FISCAL IMPACT: \$2,099,667.00	GRANT FUNDED AMOUNT: N/A
CONTRACT PERIOD: 08/01/2011 thru 07/31/2012	CONTRACT #: H11-25-062
COMPETITIVE SELECTION METHODOLOGY: BID/RFP/GPO	
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: [SOLE SOURCE] SINGLE FEASIBLE PROVIDER	

PRIOR CONTRACT HISTORY:

Contract #H11-25-062 was approved by the Board on 07/29/2011 for the period of 08/01/2011 thru 07/31/2012 in the amount of \$10,760,187.53.

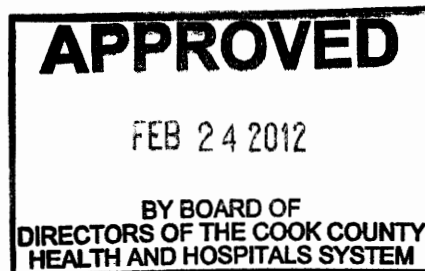
NEW PROPOSAL JUSTIFICATION:

This is a request for resources to support the Cerner to Siemens Optimization and the PowerChart Ambulatory projects, as well as training services and Go-Live support. Also included in this proposal is the funding for a House Wide Med Rec and Message Center.

Cerner to Siemens	\$ 636,602.00
Cerner PowerChart Ambulatory	\$ 357,640.00
House Wide Med Rec and Message Center	\$ 168,225.00
Training and Go-Live Support	\$ 937,200.00
Total Cost:	\$ 2,099,667.00

FINANCIAL BENEFIT: (Prior Cost versus New Cost)

Savings Calculation: N/A
Percent: N/A



TERMS OF REQUEST:

This is a request to amend and increase contract H11-25-062 from 08/01/2011 thru 07/31/2012 in the amount of \$2,099,667.00

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

ATTACHMENTS

BID TABULATIONS: N/A
CONTRACT COMPLIANCE MEMO: Pending

Request #

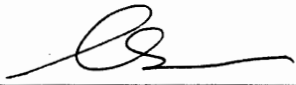
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• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein
CORE Center •


We Bring Health CARE to Your Community

Revised 03/01/2011

DATE: 01/13/2012	PRODUCT / SERVICE: Service- Professional services in support of the Cerner to Siemens Optimization and Cerner PowerChart Ambulatory projects; training services and Go-Live support
TYPE OF REQUEST: Amend and Increase	VENDOR / SUPPLIER: Cerner Corporation, Kansas City, Missouri

CCHHS COO: 
Carol Schneider, Chief Operating Officer

CCHHS CFO: 
John Cookinham, Interim Chief Financial Officer

CCHHS CEO: 
Ram Raju, Chief Executive Officer

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein
CORE Center •

We Bring Health **CARE** to Your Community

Revised 03/01/2011

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 24, 2012

ATTACHMENT #2

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
BOARD OF DIRECTORS**

RESOLUTION

Sponsored by

**WARREN L. BATTS, CHAIR, JORGE RAMIREZ, VICE CHAIR,
DAVID A. ANSELL, M.D., THE HONORABLE JERRY BUTLER, DAVID CARVALHO,
QUIN R. GOLDEN, BENN GREENSPAN, Ph.D., SISTER SHEILA LYNE, RSM,
LUIS MUNOZ, M.D., HEATHER E. O'DONNELL, AND RUTH M. ROTHSTEIN, DIRECTORS**

WHEREAS, on March 15, 1937, Dr. Bernard Fantus made medical history in Cook County when he established the world's first blood bank at Cook County Hospital; and

WHEREAS, 2012 marks the Seventy-Fifth Anniversary of this historic advancement in the practice of medicine; and

WHEREAS, Dr. Bernard Fantus (1847-1940) served as a professor of therapeutics at the University of Illinois from 1900 to 1940, and was on staff as a physician at Cook County Hospital from 1934 to the time of his death in 1940; and

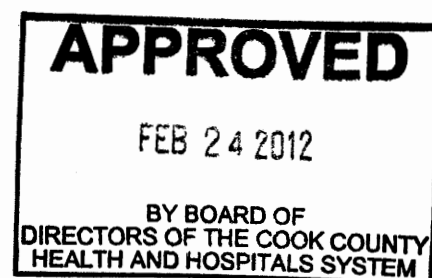
WHEREAS, the pioneering research of Dr. Fantus in blood storage and transfusion was revolutionary in the day, and his legacy lives on in the form of countless lives saved in the ensuing decades; and

WHEREAS, Dr. Fantus not only invented the blood storage methodology used to this day, but he coined the term "blood bank" to suggest a process of deposits and withdrawals similar to financial banking, this encouraging healthy individuals to deposit blood; and

WHEREAS, the Cook County Health and Hospitals System is hosting The Bernard Fantus, MD Symposium *Plasma Transfusion: Current Status and Future Direction* March 14-15, 2012 in honor of the establishment of the first U.S. hospital blood bank at Cook County Hospital.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Cook County Health and Hospitals System, on behalf of the more than five million residents of Cook County served by the System, does hereby offer due tribute and public recognition to the groundbreaking and lifesaving work of Dr. Bernard Fantus on the 75th Anniversary of his crowning achievement.

Approved on February 24, 2012 by the Board of Directors of the Cook County Health and Hospitals System



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 24, 2012

ATTACHMENT #3

THE DEPARTMENT OF TRAUMA AND BURN SERVICES

By

Stathis Poulakidas, M.D., F.A.C.S.
Director of Burn Services
Assistant Professor of Surgery
Rush University



THE DEPARTMENT OF TRAUMA AND BURN SERVICES



Overview

- Department Mission :
SERVICE/EDUCATION/RESEARCH
 - To provide **quality burn** care (both acute care and future reconstructive efforts) for the patients of Cook County and surrounding areas
 - To provide an **educational environment** for residents/medical students to become educated in burn disease
 - To have a commitment to **research** to provide state of the art care to our burn patients

TRAUMA CENTERS

- USA 6000 HOSPITALS
- 1600 TRAUMA CENTERS
- 200 LEVEL 1 TRAUMA CENTERS
- 25% DECREASED MORTALITY IN TRAUMA CENTERS FROM EMERGENT INJURY

BURN CENTERS

- 125 BURNS CENTERS IN THE USA
- HIGH LEVEL OF CARE WITH BETTER RESULTS
 - In 1949, 50% mortality for 50% TBSA burn
 - In 2009, 50% mortality for 98% TBSA burn

Overview

- In 2006, was awarded Directorship of Burn Unit at Stroger Hospital
 - 2006; 200 admissions, 10% insured
 - 2011; 362 admissions, 70% insured
 - Continue to care for all indigent and all uninsured
 - Stroger burn unit does not refuse care to anyone

Statistics 2011

- For the fiscal year of 2011, the John H. Stroger, Jr. Hospital of Cook County Burn Services saw a total of 758 patients: a **27% increase** from 2010.
 - 362 inpatient admissions
 - 310 consults (176 in ER and Trauma; 134 in-house referrals)
 - 1040 clinic visits.

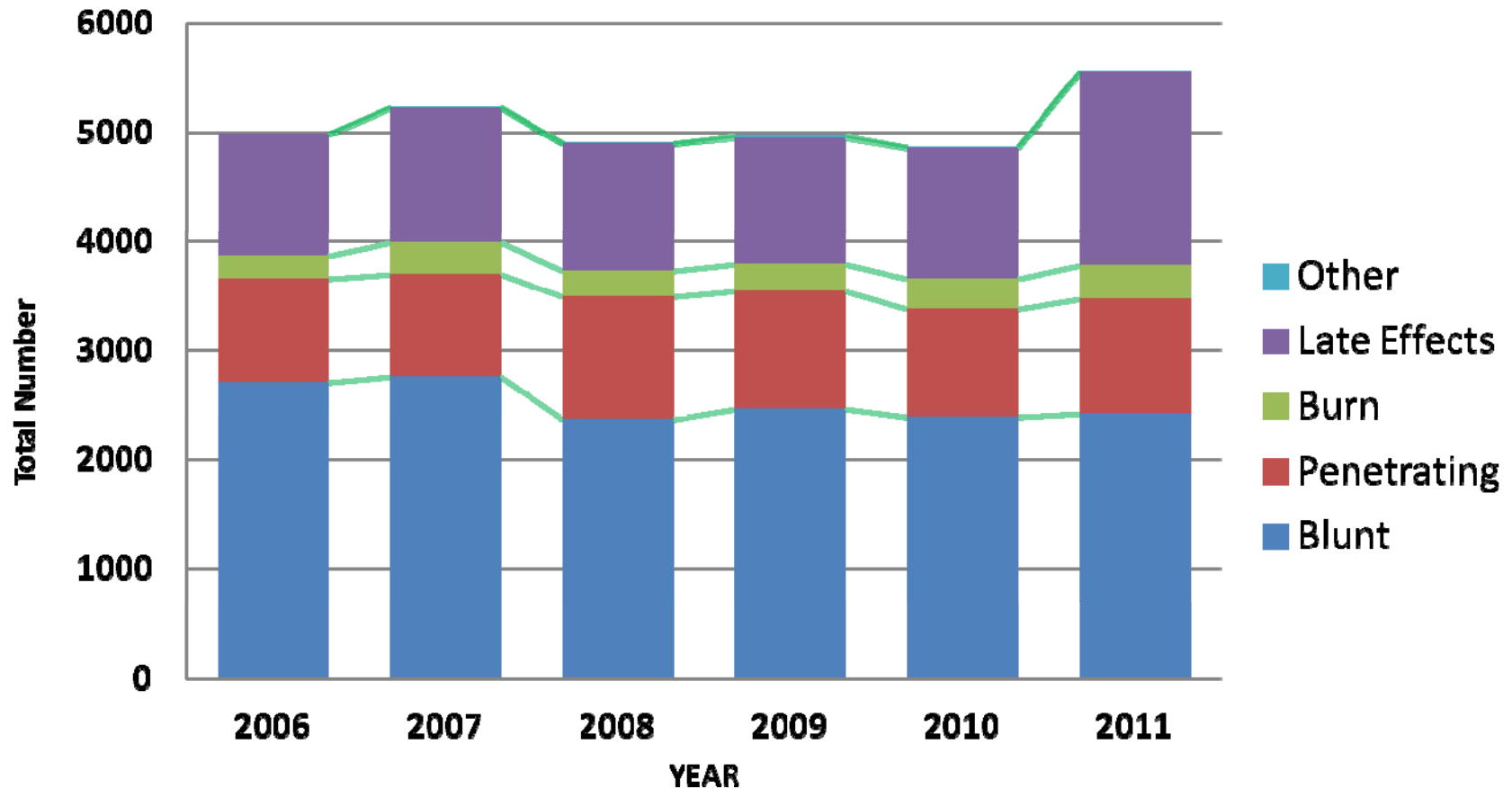
Statistics 2011

- The mean age of all patients was 36 ± 22 years
- The definition of 1% TBSA
- The % total burn surface area (TBSA) of all patients was 8.8% (=National norm)
- The length of stay is measured by the ratio of days/%TBSA as 3 days/% burn (=National norm).

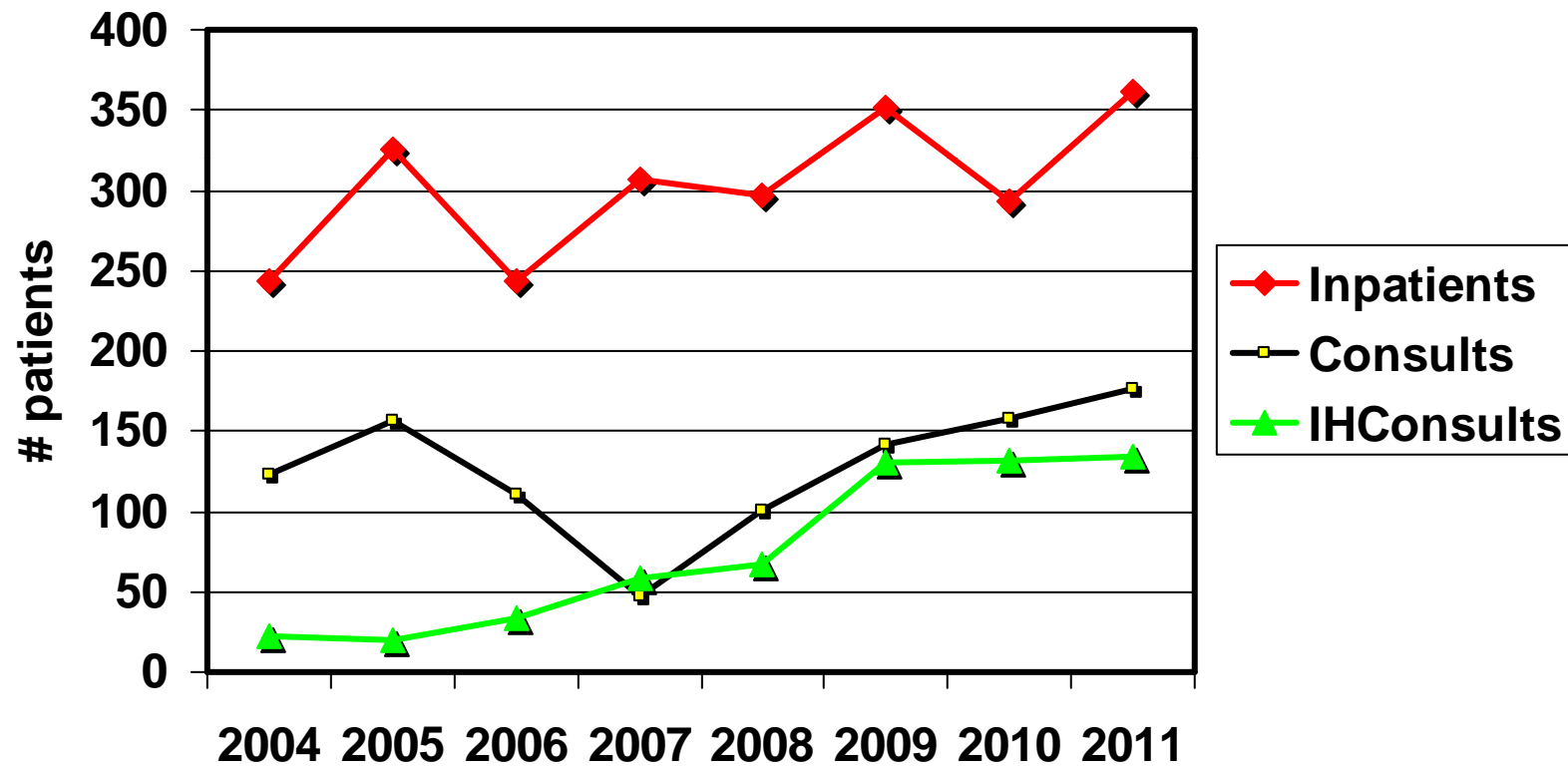
Statistics for 2012

- 70 admissions for the first two months of 2012
 - Had 362 admissions in 2011
- Burn size (% TBSA) increased
- Pediatric admissions increased
- Insured status constant (70%)
 - Have seen increase in referrals from outside hospitals
 - Have seen increase in Workman's compensation type injury sent to the Burn Center from outside hospitals.

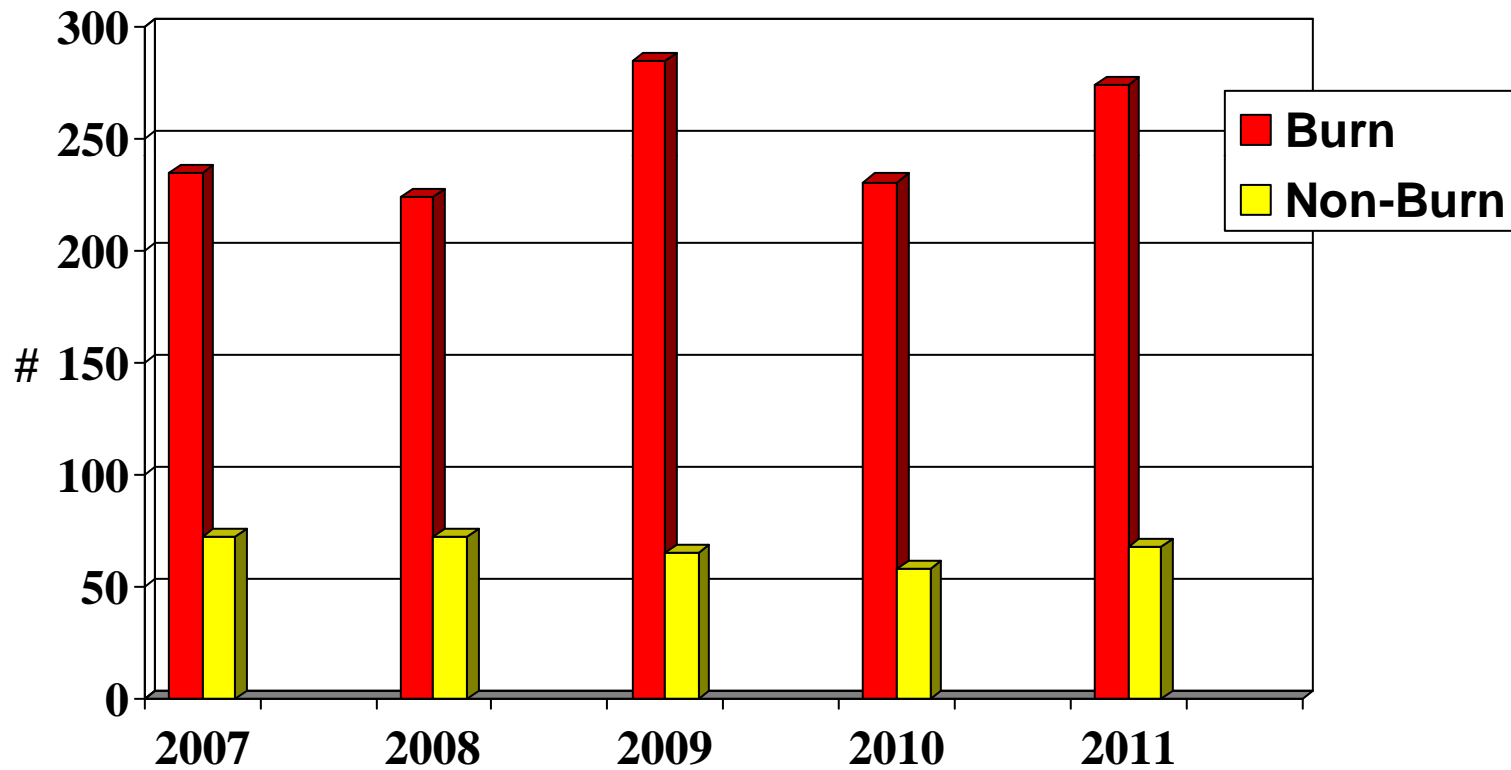
Department of Trauma Encounters By Injury Type



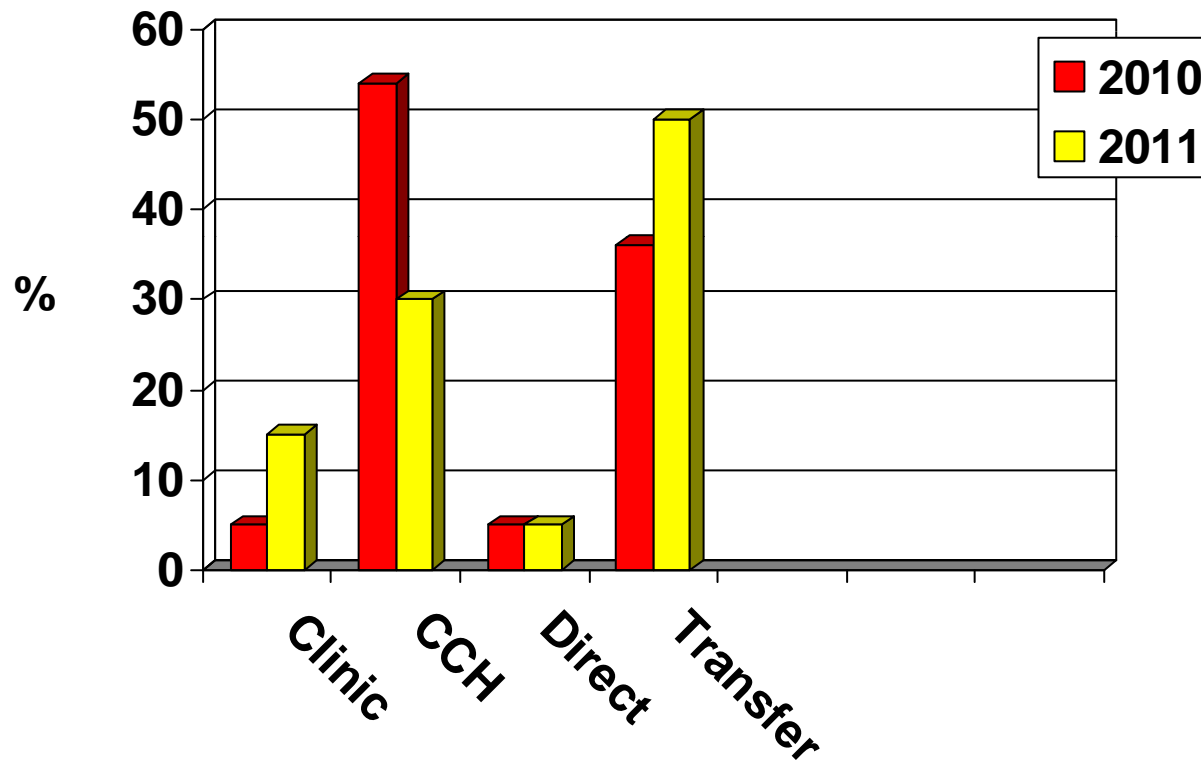
Department of Trauma
Burn/Wound Center
2004-2011



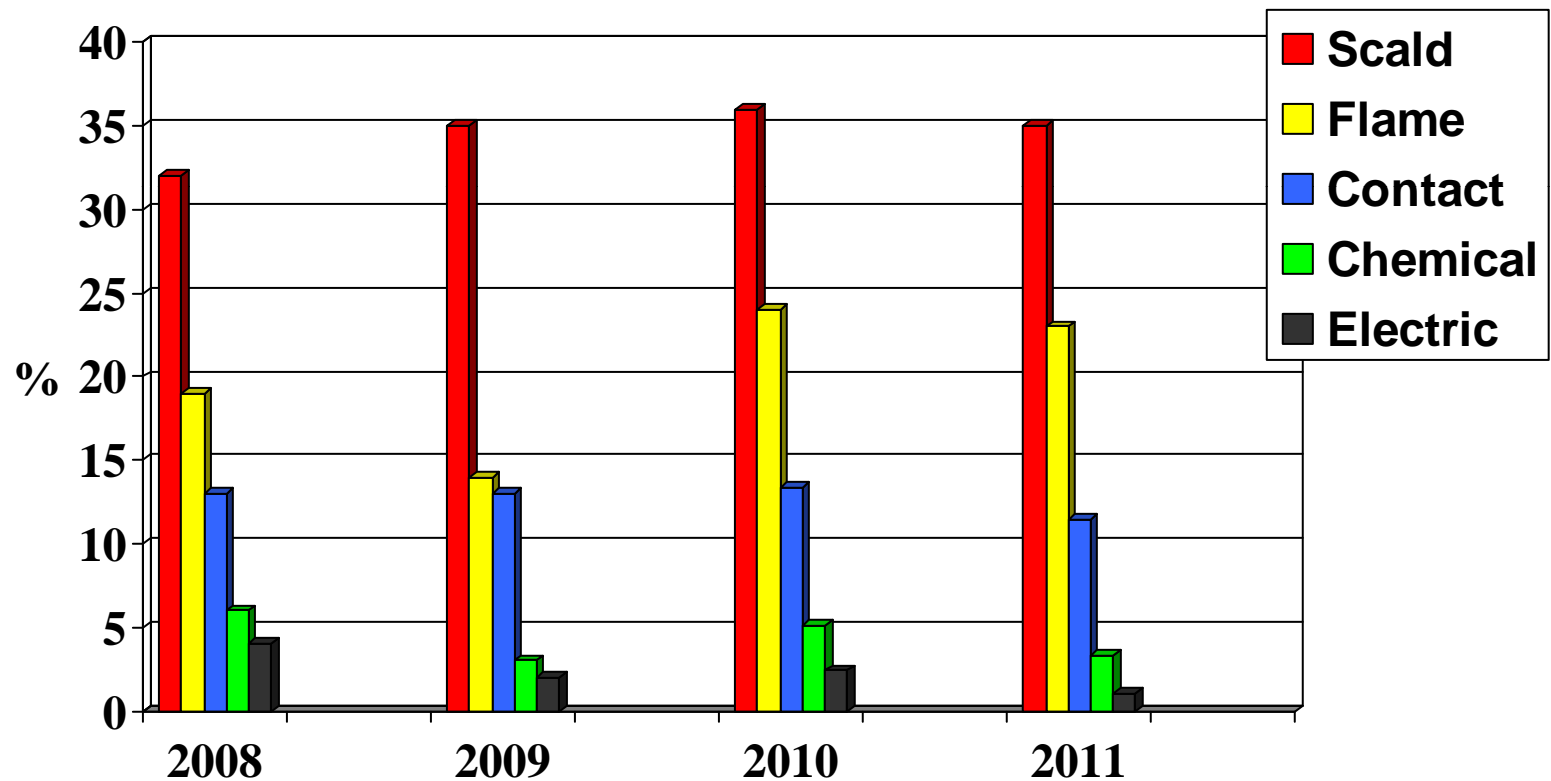
Admissions BURN/WOUND CENTER 2007-2011



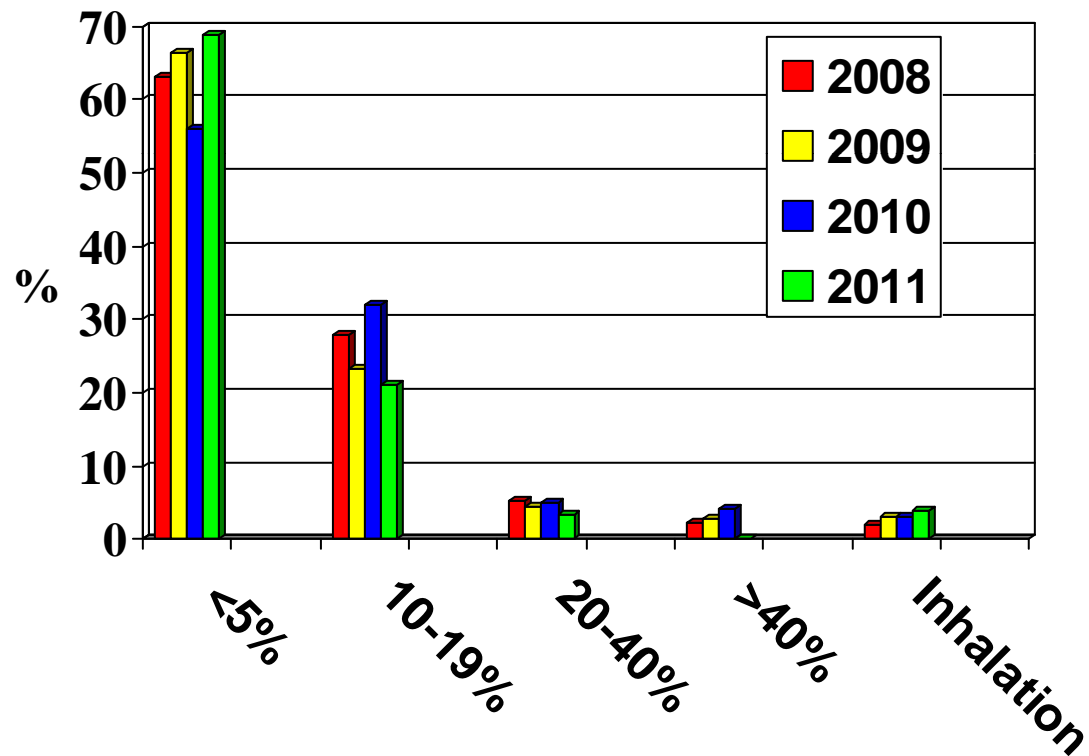
Patient Sources Burn Center 2010-2011



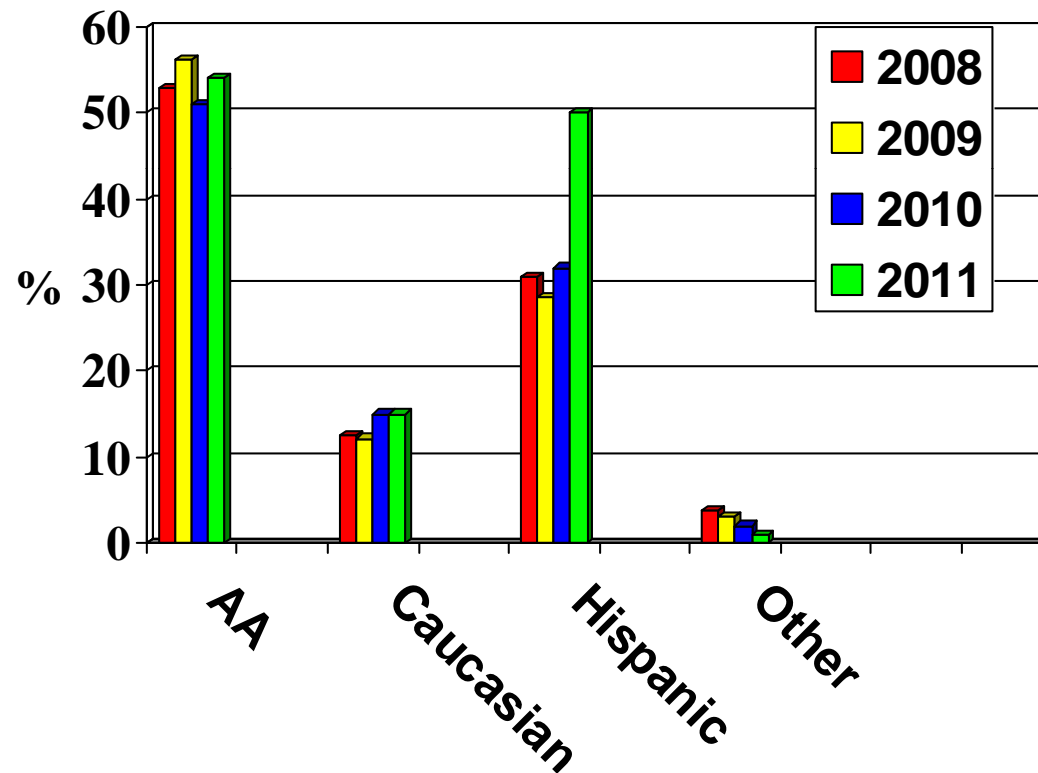
% Burn Patients by Mechanism of Injury 2008-2011



% Burn Patients by Burn Group 2008-2011

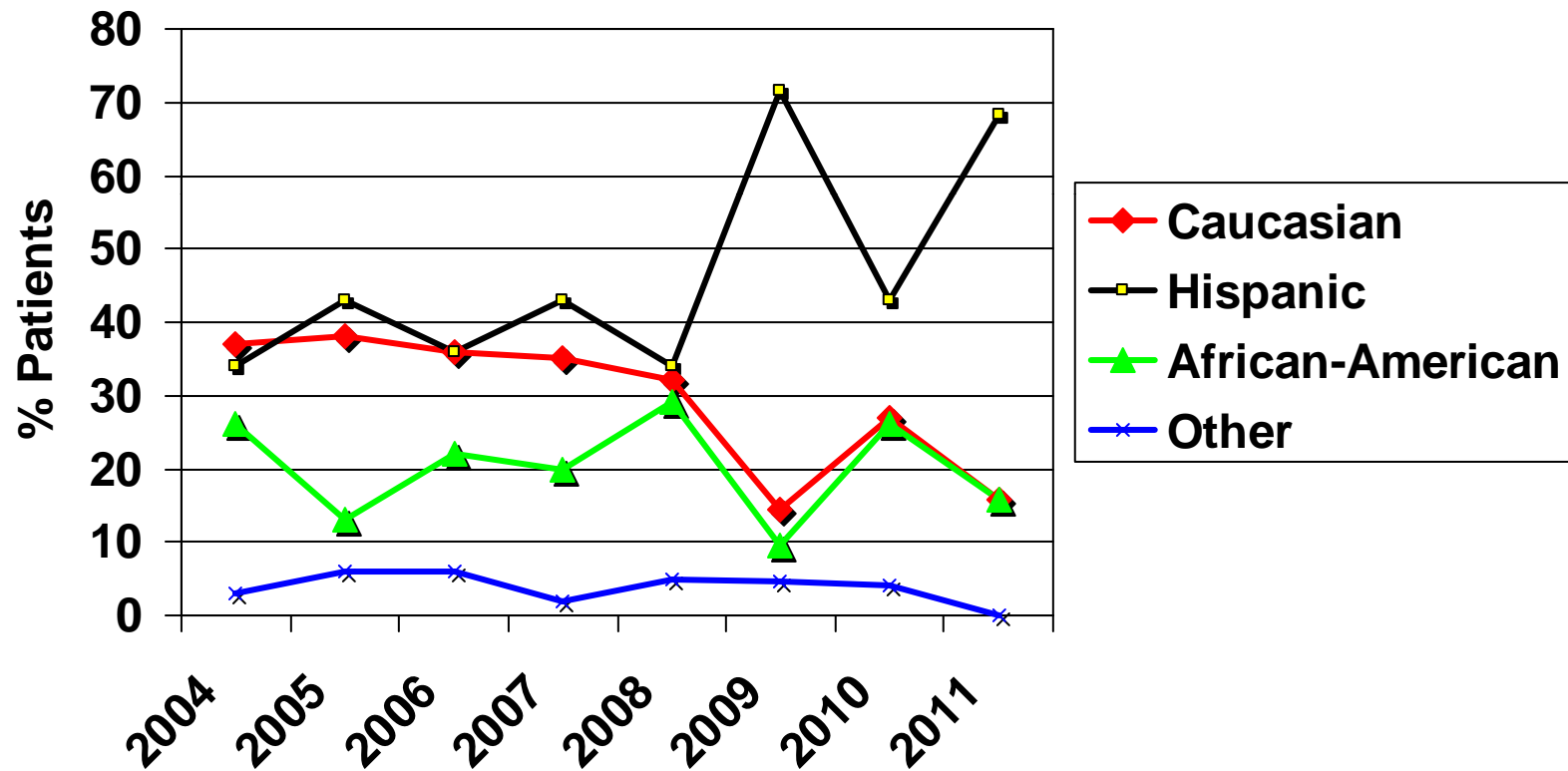


% Burn Patients by Race 2008-2011

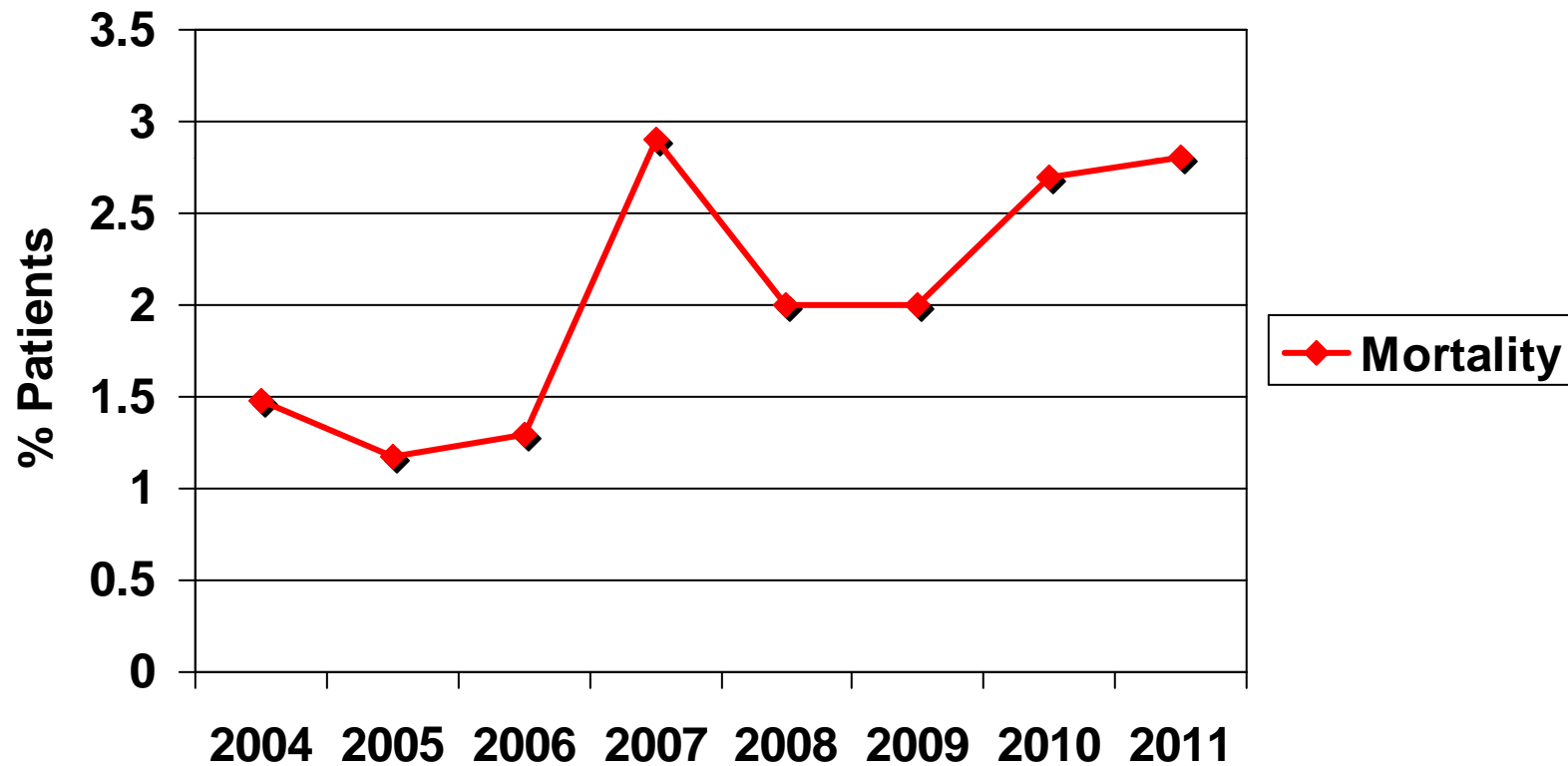


Department of Trauma & Burns

Burn Center Data-Job related



Department of Trauma & Burns Burn Center Data 2004-2011-Mortality



BURN CENTER GOALS for 2012

Main Goal for 2012 :

Achieve Accreditation by the American Burn Association as a verified Burn Center

- 1) Obtain 3rd Burn Attending
- 2) Obtain Burn Unit dedicated **Physical & Occupational Therapists**
- 3) Internal analysis to optimize billing
- 4) Competitive analysis to increase market share

THE DEPARTMENT OF TRAUMA AND BURN SERVICES



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 24, 2012

ATTACHMENT #4



**Cook County Department
of Public Health**

Preparing CCDPH for National Accreditation

Learning Objectives

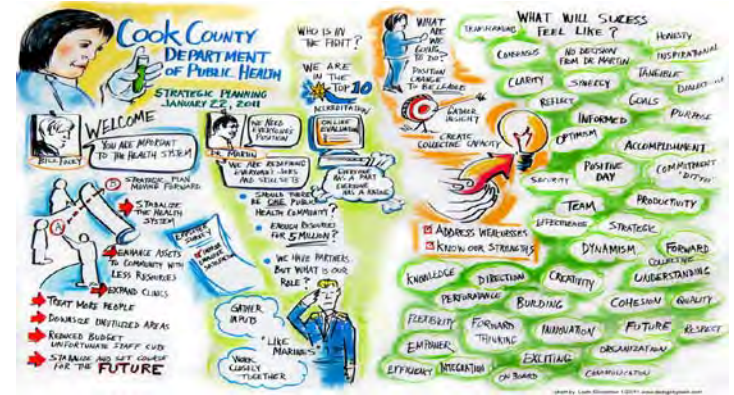
- ▶ Identify the purpose and benefits of Accreditation
- ▶ List the 7 steps of the Accreditation Process
- ▶ Identify the 12 Domains in the Public Health Accreditation Board (PHAB) standards and measures
- ▶ Understand your role in the Accreditation Process
- ▶ Identify Next Steps for CCDPH

What is Public Health Accreditation?

- ▶ The measurement of a health department's performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- ▶ The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.
- ▶ The continual development, revision, and distribution of public health standards.
- ▶ The result of many years of deliberate work!

Accreditation focus areas:

- Leadership
- Strategic Planning
- Customer focus
- Workforce development
- Evaluation and quality improvement



Goal of Accreditation

- ▶ The goal of the national public health department accreditation program is to improve and protect the health of the public by advancing the quality and performance of state, local, tribal, and territorial public health departments.



Benefits to Accreditation

- ▶ Identifies success and opportunities for improvement
- ▶ Platform for quality improvement
- ▶ Means for accountability
- ▶ Energizes the staff
- ▶ Increases the understanding of public health
- ▶ Improves communication with governing entities
- ▶ Initiates new partnerships



Incentives

- ▶ National recognition for public health practice
- ▶ Opportunity to engage the public health workforce
- ▶ Access to network of public health experts
- ▶ Focus on improving the health department
- ▶ Potential access to new funding streams
- ▶ Potential streamlining of grant reporting
- ▶ Participation in developing a strong data base for exploring best practices



Two examples of what Accreditation will mean....

- ▶ Inconsistent measurement of work for quality and performance improvement
- ▶ Workforce training opportunities focused on specific technical content
- ▶ Consistent measurement of work including annual review of quality improvement activities.
- ▶ Workforce training focused on core competencies

Present State

Future State

7 Steps

7. Reaccreditation

6. Reports

5. Accreditation Decision

4. Site Visit

3. Documentation Selection & Submission

2. Application

1. Pre-application

Step 1: Pre-application

- ▶ Identify Accreditation Coordinator and Convene Accreditation Team
- ▶ Complete Readiness Checklist
- ▶ Submit Statement of Intent (SOI)



Step 2: Application

- ▶ Complete on-line application.
- ▶ Submit 3 prerequisites
 - Community Health Assessment (WePlan 2015)
 - Community Health Improvement (WePlan 2015)
 - Department Strategic Plan
- ▶ Applicant training



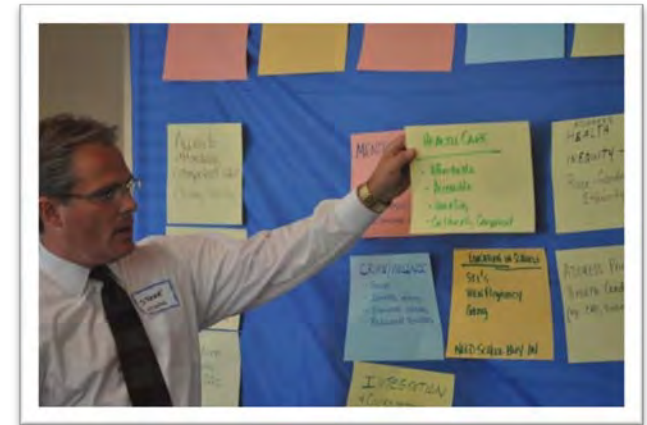
Step 3: Documentation Selection and Submission

- ▶ Identify acceptable documents that comply with Standards & Measures that support that the standard has been met.
- ▶ All documentation must be electronic.



Step 4: Site Visit

- ▶ Conducted by trained peer reviewers.
- ▶ Teams of 3 to 4 with a team chair.
- ▶ Will last 2 to 3 days with a set agenda.
- ▶ Report due within 2 weeks after visit.



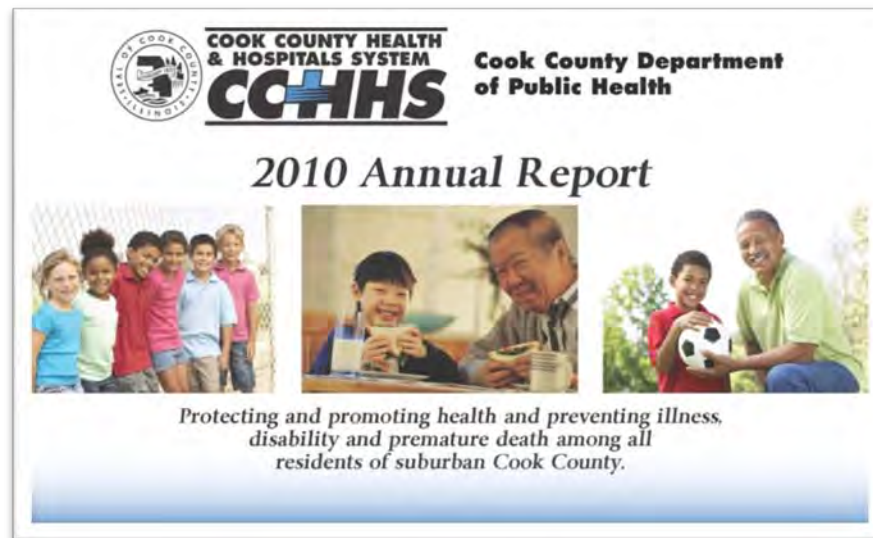
Step 5: Accreditation Decision

- ▶ Written notification to health department.
- ▶ Two possible decisions
 - Accredited
 - Not accredited
- ▶ Accreditation certification is valid for:
5 years
- ▶ If not accredited, action plan due within 90 days.



Step 6: Reports

- Annual progress report.
- Reporting any substantial changes in the organization that impact the ability to conform to the standards.



Step 7: Reaccreditation

- ▶ Must complete the full accreditation process.



Fee Structure

- ▶ Rates will operate on a sliding scale based on the size of the health department's jurisdiction.
- ▶ PHAB's Fee Schedule will be published annually.

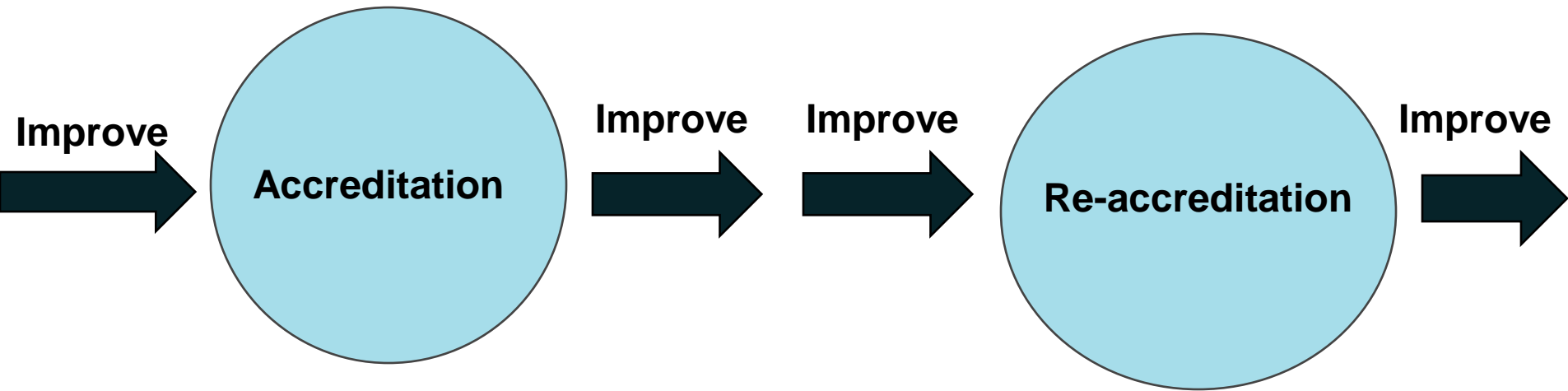
Health Department Category	Population Size of the Jurisdiction Served	2011/2012 Total Fee
Category 1	Less than 50,000	\$ 12,720
Category 2	50,000 to 100,000	\$ 20,670
Category 3	>100,000 to 200,000	\$ 27,030
Category 4	>200,000 to 1 million	\$ 31,800
Category 5	>1 million to 3 million	\$ 47,700
Category 6	>3 million to 5 million	\$ 63,600
Category 7	>5 million to 15 million	\$ 79,500
Category 8	Greater than 15 million	\$ 95,400

What do the fees cover?

- ▶ An assigned accreditation specialist to guide CCDPH through the application process.
- ▶ Site visit, including a comprehensive review of CCDPH's operations against the national accreditation standards by a team of peer review experts.
- ▶ In-person training.
- ▶ 24/7 access to PHAB's online accreditation information system, making it easier and more cost-efficient for departments to participate in accreditation.
- ▶ Annual quality improvement monitoring and evaluation for 5 years by the assigned accreditation specialist.
- ▶ Access to a growing network of accredited local health departments and best practices.
- ▶ Identified opportunities for improvements to help your health department better serve its population



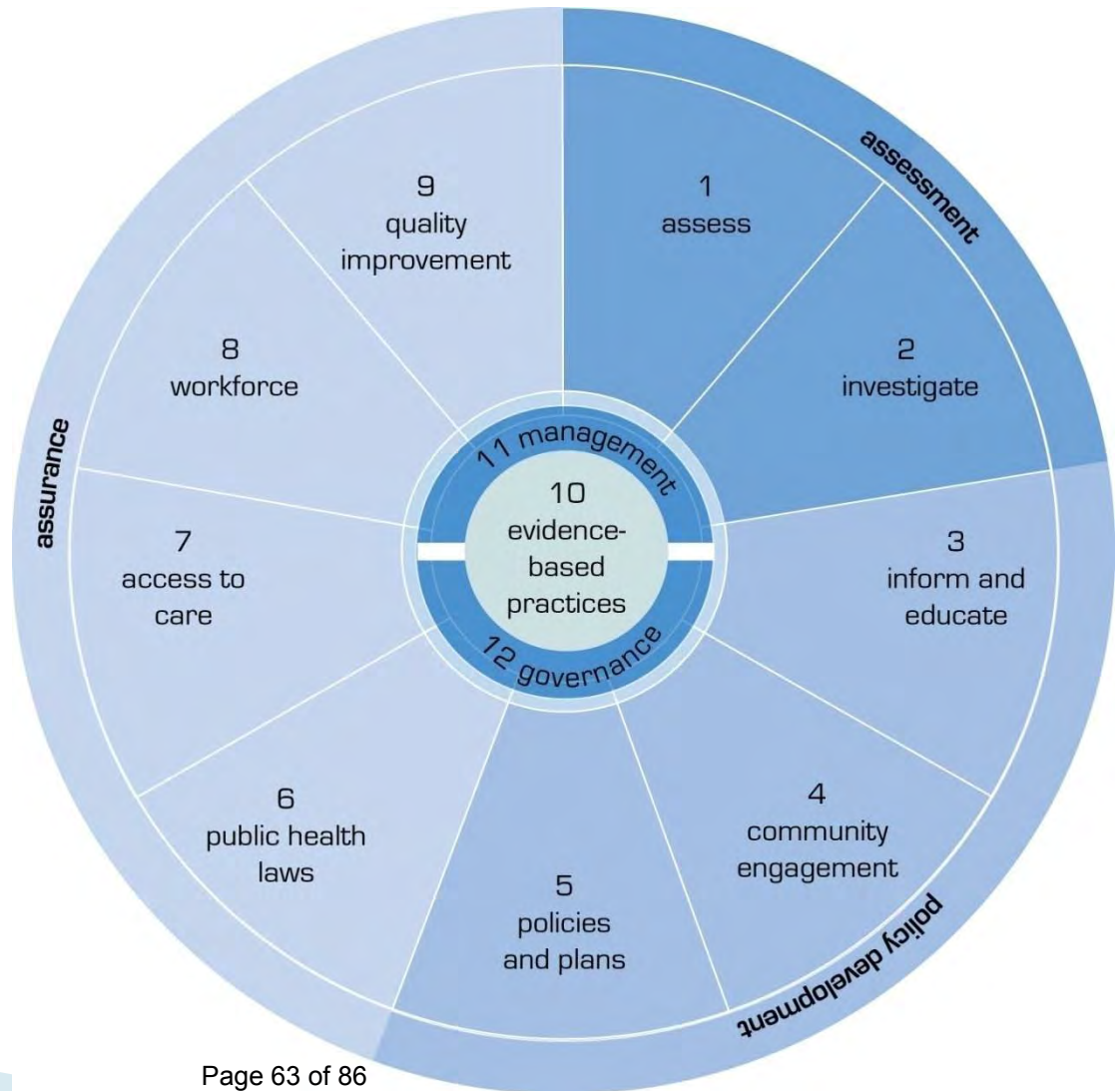
Accreditation is the beginning



Improving the public's health through continuous quality improvement



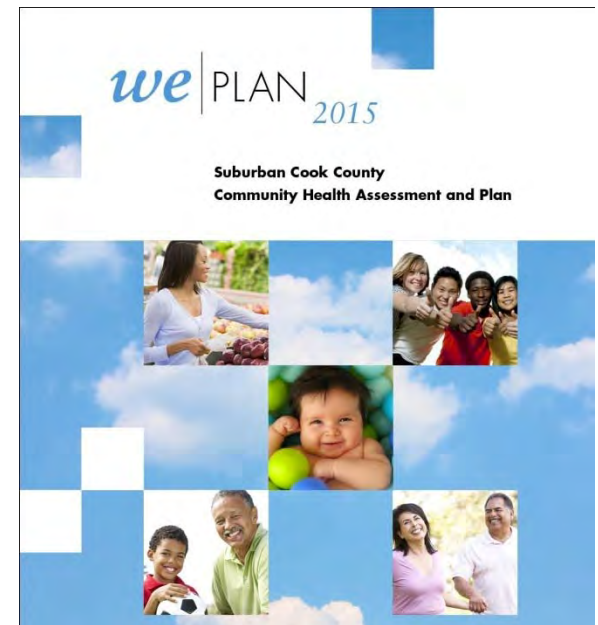
Public Health Accreditation Domain Wheel



Domain 1

- ▶ Conduct and disseminate **assessments** focused on population health status and public health issues facing the community.

Lead: Michael O. Vernon, DrPH



**Cook County Department
of Public Health**

Domain 2

- ▶ **Investigate** health problems and environmental public health hazards to protect the community.

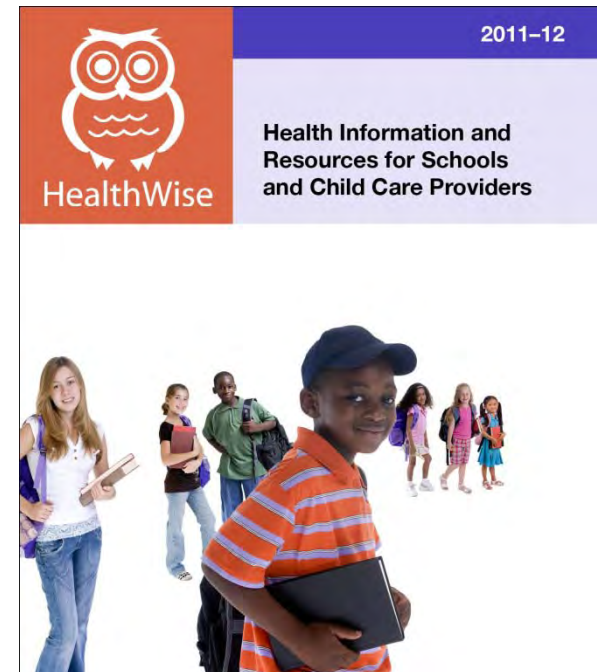
Lead: Thomas Varchmin, LHEP



Domain 3

- ▶ **Inform and educate** about public health issues and functions.

Lead: Christina Welter, DrPh, MPH



Domain 4

- ▶ Engage with the community to identify and address health problems.

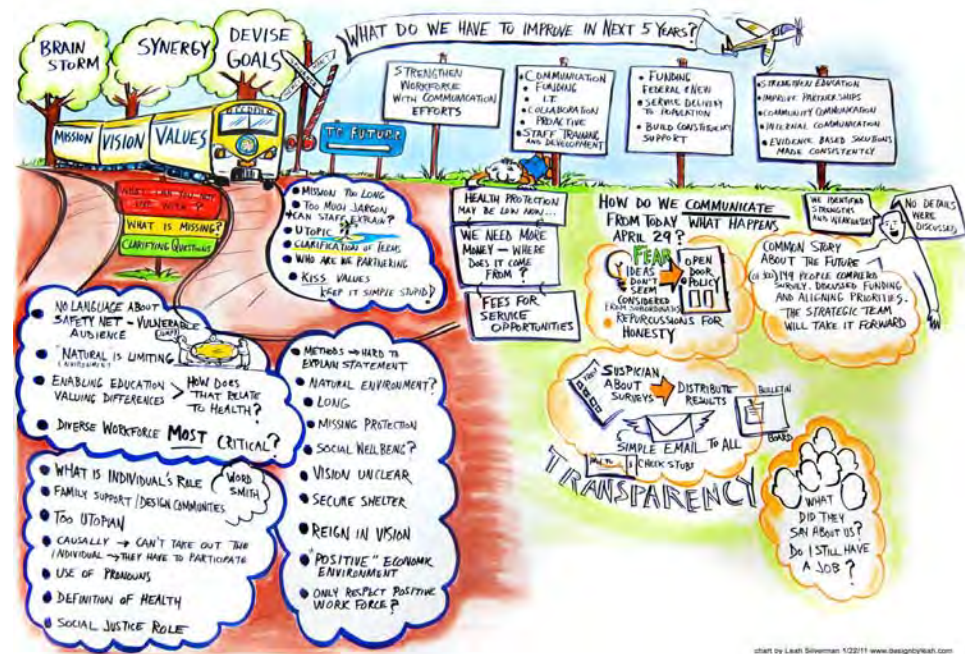
Lead: Christina Welter, DrPh, MPH



Domain 5

- Develop public health policies and plans.

Leads: Sandra Martell, RN, DNP
Sean McDermott



COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Cook County Department of Public Health

Domain 6

- ▶ **Enforce public health laws.**

Lead: Jessica Pipersburgh



Domain 7

- ▶ Promote strategies to improve access to health care services.

Lead: Barbara Fisli, RN, PhD



**COOK COUNTY HEALTH
& HOSPITALS SYSTEM**
CC-HHS

**Cook County Department
of Public Health**

Domain 8

- ▶ Maintain a competent public health workforce.

Leads: John Clark
Jessica Pipersburgh



Domain 9

- ▶ Evaluate and **continuously improve** processes, programs, and interventions.

Leads: Linda Rae Murray, MD, MPH
Barbara Farrell, RN, MS, MJ



Domain 10

- ▶ Contribute to the **evidence base** of public health.

Leads: Christina Welter, DrPh, MPH
Steven Seweryn, EdD, MPH

Notes from the Field: Outbreaks of Rotavirus Gastroenteritis Among Elderly Adults in Two Retirement Communities --- Illinois, 2011

Weekly
October 28, 2011 / 60(42);1456-1456

Reported by
Susan I. Gerber, MD, Cook County Dept of Public Health, Immunization and Respiratory Diseases, CDC. Corresponding author.

Acute Hepatitis B Outbreaks Related to Fingerstick Blood Glucose Monitoring in Two Assisted Living Facilities

Catherine A. Counard, MD, MPH,* Joseph F. Perz, DrPH, MA,[†] Purisima C. Linchangco, MPH,* Demian Christiansen, DSc,* Lilia Ganova-Raeva, MS, PhD,[‡] Guoliang Xia, MD,[‡] Steven Jones,* and Michael O. Vernon, DrPH*

Weekly
July 25, 2008 / 57(29):796-799

Use of Mass Tdap Vaccination to Control an Outbreak of Pertussis in a High School --- Cook County, Illinois, September 2006--January 2007

Domain 11

- ▶ **Maintain administrative and management capacity.**

Lead: Noreen Lanahan



Domain 12

- Build a strong and effective relationship with **governing entity**.

Lead: Sean McDermott



**Cook County Department
of Public Health**

Where are we now?

- ▶ Accreditation Team (AT) is in place and meeting on a bi-weekly basis.
- ▶ Accreditation Coordinator selected – Valerie Webb, MPH
- ▶ All AT members have completed PHAB orientation
- ▶ Readiness Checklist completed.
- ▶ Accreditation fee has been budgeted.
- ▶ Orientation has been completed for all CCDPH staff.

Where are we now?

- ▶ Orientation completed for Cook County Health and Hospitals System Leadership.
- ▶ Orientation in process for Cook County Health and Hospitals System Board.
- ▶ Statement of Intent submitted and accepted **February 13, 2012.**

Identify Next Steps

- ▶ Orientation to Cook County Board of Commissioners – Board of Health
- ▶ Submit application – June 2012
- ▶ Collection, review and submission of documents – over next 9 months
- ▶ Achieve Accreditation – **2013**



What is your role in Accreditation?

- ▶ Be knowledgeable about the function of CCDPH in achieving the standards identified in the 12 domains.
- ▶ Serve as content experts at the site visit.
- ▶ Inform the community about the Accreditation Process.
- ▶ Be responsive to any request that you might receive in support of accreditation.
- ▶ **Be Aware, Get Prepared, Take Action!**



Resources

- ▶ Newsletter (CCHHS Notes)
- ▶ PHAB (www.phabboard.org)
 - PHAB Guide to National Public Health Department Accreditation Version 1.0
 - PHAB Standards and Measures Version 1.0
- ▶ Centers for Disease Control and Prevention (www.cdc.gov/ostlts/accreditation/index.html)
 - National Voluntary Accreditation for Public Health Departments
- ▶ NACCHO – National Association of County and City Health Officials (www.naccho.org)
 - Accreditation Preparation Toolkit



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
February 24, 2012

ATTACHMENT #5



RAM RAJU, MD, MBA, FACHE, FACS
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH AND HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
February 24, 2012

FY 2012 BUDGET

Revenue cycle performance is reviewed in detail at weekly meetings led by the CEO. Additionally, regular meetings are being held to analyze the status of the backlog in Medicaid applications; present at these meetings are representatives from CCHHS, Cook County, the Governor's office, the Illinois Department of Healthcare and Family Services, and the Illinois Department of Human Services.

In January 2012, the System realized \$40.9 million in retroactive payment adjustments as a result of alterations proposed by CCHHS and accepted by HFS to rate methodology calculations. An additional \$8.5M in retroactive payments as a result of these adjustments is anticipated to be paid on February 28, 2012. This second group of payments relates to past outpatient activity.

	Gross	Net or payment (cash) received
January payment		
(Provident and Stroger Hospitals)	\$83,048,660	\$40,884,855
February payment		
(Oak Forest)	\$6,657,987.02	\$3,277,727
*(Stroger Hospital Outpatient)	*\$10,685,345.10	* \$5,260,395
Total Rate Retro	*\$100,391,992.12	*\$49,422,977

***Although CCHHS already received notice of payment for Feb 28th this is an estimate of the retroactive rate portion - the retroactive rate payment amount to be confirmed by the State.**

1115 WAIVER

With President Preckwinkle we recently concluded a series of briefings with members of the Illinois General Assembly regarding the 1115 Waiver request, and the necessary enabling legislation. The proposed legislative language has been drafted. The waiver document has been widely disseminated and we have responded to numerous stakeholder inquiries. Among others, I or my team have met with and briefed the Illinois Primary Healthcare Association, Maryjane Wurth and Illinois Hospital Association staff, the Metropolitan Chicago Healthcare Council (MCHC) Policy and Advocacy Council, a large group of local FQHC's and community clinics, several hospital CEO's, and others; further outreach is planned. An 1115 Waiver Steering Committee has been established and meets weekly with three working groups reporting. The implementation workgroups are Care Management, Empanelment/Registry and Administration and are progressing. We are currently responding to a request of HFS to provide that department with staff to lead on this project - there is a particular focus being given to eligibility screening/enrollment potential options. Our initial meeting with CMS, HFS, and CCHHS is scheduled for February 24th, at 10:00 a.m.

OAK FOREST HEALTH CENTER

The Capital Committee continues to make progress in the planning of the Oak Forest Health Center. On February 10th committee members along with clinical stake holders toured a radiology center which offered assistance in mapping out patient flow and layout for the ground floor of the OFHC. The presentation to the Board of Directors for the design of the Oak Forest Health Center has been moved up from the April 27th Board Meeting to the March 29th Board Meeting. The Immediate Care Center will move to the New "E" Building on February 25th. Also, the OFHC Volume Statistics Dashboard is now posted on the health center's page on the new CCHHS website and will be updated monthly.

PUBLIC HEALTH UPDATE

The Cook County Department of Public Health in partnership with the CPPW (Communities Putting Prevention to Work) team held the final session of the Change Institute on February 14, 2012 in Alsip, Illinois to acknowledge the work of the 38 Model Communities grant recipients in implementing policy, system and environmental strategies to make "healthy choices" available to improve the health status of residents. Strategies ranged from plans to develop walking paths and mass-transit to increasing healthy food options and physical activity in schools. The participants highlighted their strategies

through presentations and poster sessions and emphasized a commitment to sustaining these initiatives beyond the funding cycle.

SCHWARTZ ROUNDS

The Schwartz Center for Compassionate Care was founded in 1995 by Kenneth Schwartz who died of lung cancer. The mission of the Center is to promote healthcare so that patients and their professional caregivers relate to one another in a way that provides hope to the patient, support and nurturing to caregivers and sustenance to the healing process. Schwartz Center Rounds® is one of the programs offered by the Center. The Rounds provide an interdisciplinary and interdepartmental forum where caregivers discuss difficult emotional and social issues inherent in patient care. The Rounds discussion focuses on a specific patient case. A panel of multidisciplinary caregivers describes their experience caring for the patient and the impact it had on them. This is followed by a facilitated discussion among attendees. These rounds differ from clinical or management rounds in that they address the ethical, psychological, and emotional concerns that arise during the patient's illness, not the medical issues. The Rounds serve to nurture the caregivers in a safe and confidential forum.

Stroger Hospital's first Schwartz Center Rounds was held in September 2011. Since then Schwartz Rounds have been held monthly and thus 6 sessions have been held that have been very well attended by various disciplines consisting of physicians, RNs, social workers, occupational /physical therapists, lab and clerical workers. Benjamin Mba, MD, MRCP (UK), FACP, FHM is the organizer and driving force behind this activity and I want to thank him for his efforts and for bringing this great learning tool to our system.

For your information attached is an article titled The Schwartz Center Rounds: Evaluation of an Interdisciplinary Approach to Enhancing Patient-Centered Communication, Teamwork, and Provider Support by Beth A. Lown, MD, and Colleen F. Manning, MA which provides an evaluation of the impact of such rounds at other institutions. Also, the New York Times article, Well: Sharing the Stresses of Being a Doctor by Pauline W. Chen, M.D., regarding the subject, is also attached.

NEW WEBSITE

In the beginning of February we launched our new website www.cookcountyhhs.org. The new website is aimed at providing public information for patients, employees, and the public at large. When you log on, you will find basic information about accessing our services, locating our facilities, finding a job or how to do business with CCHHS as well as profiles about our elite medical staff and reports of our committee and board meetings. There is also a news section which highlights upcoming events including a health observance calendar that highlights what we are doing throughout the system toward keeping our patients healthy. This is just the start of a new look and feel to our on-line presence and I encourage everyone to stay connected to CCHHS.

I would like to thank Marisa Kollias our Interim Director of Public Relations for undertaking this project that was developed at an accelerated pace and completed on time and under budget.

